

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------|-----------------|
| | <i>JK</i> | | <i>01/10/00</i> |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | <i>01-27 00</i> |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | ✓ | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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